PTO/SB/06 (08-03)

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o a collection of information unless it displays a valid OMP control.

U	nder the Paperw PA	OR REDUCTION ACTION ACT	ICATIO	N FEE DET litute for Form P	EKMINA H	uloaco	llection of ir	formation unio	ess it disp	DEPARTMENT plays a valid OMI atjon or Docket I	3 control number
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL								ENTITY	OR		ER THAN L ENTITY
	FOR	NUM	NUMBER FILED		NUMBER EXTRA		RATE	FEE	1	RATE	
	SIC FEE CFR 1.16(a))							\$	1	- NATE	FEE
	TAL CLAIMS CFR 1.16(c))		minus 20 =					 	OR	ļ	\$
IND	EPENDENT CLA	IMS					\$=	 	OR	× \$=	
	CFR 1.16(b))		minus	3 = •		X	\$=		OR	× \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							\$=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
	C	LAIMS AS AI	MENDE) – PART II							
	i	(Column 1)			(Column 3)	, ,	SMALL I	ENTITY	OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	14	Minus	" 20	=	×	s =		OR	× \$ =	/ /
EN	Independent (37 CFR 1.16(b))	1 /3	Minus _.	3	5	×		/			
AM	FIRST PRESEN	TATION OF MULTIF	LE DEPEND	ENT CLAIM (37 C	FR 1.16(d))			/	OR OR	× \$=	
						TO	TAL D'L FEE	/	OR	+ \$ = TOTAL ADD'L FEE	/
		(Column 1)		(Column 2)	(Column 3)		/		•		/
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))		Minus	**	=	×s	=		OR	× \$ =	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	× s		***************************************			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR · OR	× \$=	
							TAL D'L FEE		OR	+ s= TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)		_			;	
AMENDMENT C	-	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))	•	Minus	**	=	× s	=		-		FEE
	Independent (37 CFR 1.16(b))	•	Minus	***	=	× \$			OR OB	× \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						=		OR OR	× \$= + \$ =	
	If the entry in co	olumn 1 is less th	an the ento	in column 2, write	e "A" in column 3		AL O'L FEE		OR	TOTAL ADD'L FEE	
	If the "Highest N	Number Previous! Iumber Previous!\	y Paid For" Paid For	IN THIS SPACE IN THIS SPACE IS TOTAL OF INDEPENDENT IN THIS SPACE IS TOTAL OF INDEPENDENT IN THE INTERPENDENT INT	is less than 20, e	enter "20"					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.